

DECATUR COUNTY DEPARTMENT OF HEALTH  
801 N. LINCOLN STREET, GREENSBURG, IN 47240  
TELEPHONE: (812) 663-8301

APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

WARNING: False application to obtain or inspect, altering, mutilating or counterfeiting Indiana Birth Certificates, or the use of such a certificate is a criminal offense under IC16-37-1-12.

IDENTIFICATION IS REQUIRED IN ACCORDANCE WITH I.C. 16-37-1-8  
ONE OF THE FOLLOWING DOCUMENTS REQUIRED - MUST BE CURRENT AND VALID.

- Driver's License
- Military I.D.
- State I.D. Card
- Valid Passport
- Dept. of Corrections I.D., issued within past 6 months
- School I.D. with signature & photo
- Court Order (must order local health dept. to release record to person named on the record)

ALL ITEMS BELOW MUST BE COMPLETED

TODAY'S DATE \_\_\_\_\_

FULL NAME AT BIRTH \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

HOW ARE YOU RELATED TO THE ABOVE PERSON? \_\_\_\_\_

HAS THIS PERSON BEEN ADOPTED? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF SO, GIVE THE NAME AFTER ADOPTION: \_\_\_\_\_

FULL NAME OF FATHER \_\_\_\_\_

FULL MAIDEN NAME OF MOTHER \_\_\_\_\_

WHY DO YOU NEED THIS RECORD? \_\_\_\_\_

HOW MANY COPIES DO YOU WANT? \_\_\_\_\_ (\$5.00 PER COPY)

WHAT SIZE DO YOU WANT? REGULAR \_\_\_\_\_ WALLET \_\_\_\_\_ BOTH \_\_\_\_\_

YOUR SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

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FOR OFFICE USE ONLY:

TYPE OF I.D. \_\_\_\_\_